

GLAD TIDINGS GOSPEL MINISTRY

REFERECE FROM PASTOR OR CHURCH OFFICIAL

(LAST NAME OF APPLICANT) (FIRST) (MIDDLE)

1. How long have you known the applicant? _____ How well? _____

2. Is the applicant a member of your church? _____ How long? _____

3. Has this applicant been active in the work of your church?

In what capacities? _____

4. How would you describe this applicant's Christian character and commitment?

5. How would you describe this applicant's commitment to family?

6. How would you describe this applicant's attitude toward authority and instruction?

Glad Tidings Gospel Ministry

υ P.O. Box 11 υ Chicago Ridge, Illinois 60415 υ

υ Phone: (708)389-3500 υ E-mail: info@gtgm.org υ Website: www.gtgm.org υ

7. How would you describe this applicant's potential for success and dedication in a faith-based vocation? _____

8. Please describe the strengths and areas of challenge for this applicant:

ADDITIONAL DETAILS YOU WOULD LIKE TO SHARE ABOUT THIS APPLICANT:

** ALL INFORMATION IS CONFIDENTIAL **

(SIGNATURE)

(DATE)

(PRINTED NAME)

(NAME OF CHURCH)

(ADDRESS OF CHURCH)

***Please place your recommendation in a sealed envelope may mail it or email it to the address listed below. Thank you and God bless!**